

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

0351151  
AV

03-17-2003 90701 041 \*\*\*150.00

**DOCUMENT # P97000089843**



1. Entity Name  
**BOARDMAN'S, INC.**

Principal Place of Business  
**7470 W COMMERCIAL BLVD  
LAUDERHILL FL 33319**

Mailing Address  
**7470 W COMMERCIAL BLVD  
LAUDERHILL FL 33319**



2. Principal Place of Business

**BOARDMAN'S**

3. Mailing Address

**BOARDMAN'S**

Suite, Apt. #, etc.

**10283 NW 53 ST.**

Suite, Apt. #, etc.

**10283 NW 53 ST.**

City & State

**SUNRISE FL.**

City & State

**SUNRISE FL.**

CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0798427**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip

**33351**

Country

**USA**

Zip

**33351**

Country

**USA**

6. Name and Address of Current Registered Agent

**ANDERSON, MICHAEL  
7346 W COMMERCIAL BLVD  
LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name **ANDERSON, MICHAEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**10283 NW 53 ST.**  
City **SUNRISE** FL Zip Code **33351**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *M O Anderson*  
Signature, typed or printed name of registered agent and title if applicable.

**3-14-03**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PT</b> <input type="checkbox"/> Delete
NAME	<b>ANDERSON, MICHAEL O</b>
STREET ADDRESS	<b>7470 W COMMERCIAL BLVD</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>ANDERSON, DEBORAH B</b>
STREET ADDRESS	<b>7470 W COMMERCIAL BLVD</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>10283 NW 53 ST.</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>10283 NW 53 ST</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M O Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-03** Date **954-572-6012** Daytime Phone #

CR2E034 (10/02)